

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2035/✓
78

CERTIFICATE OF DEATH

BIRTH NO.

1. PLACE OF DEATH

A. COUNTY Cochise

B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Douglas

C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 3 days 50yrs

D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Douglas Hospital

2. USUAL RESIDENCE

A. STATE Ariz. Cochise COUNTY

C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Douglas

D. STREET ADDRESS 530 8th St (IF RURAL, GIVE LOCATION)

REGISTRAR'S NO.

3. NAME OF DECEASED

A. (FIRST)

B. (MIDDLE)

C. (LAST)

(TYPE OR PRINT) Constantino

Aira

4. SEX

Male

5. COLOR OR RACE

white

6. MARRIED - - - - -
NEVER MARRIED
WIDOWED ☐ DIVORCED ☐

7. DATE OF BIRTH
MONTH DAY YEAR
Mar 6 1881

8. AGE
YEARS MONTHS DAYS
70 1 20

IF UNDER 24 HOURS
HOURS MIN.

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Miner

9B. KIND OF BUSINESS OR INDUSTRY Mining

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Italy

11. CITIZEN OF WHAT COUNTRY? U S

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No

13. SOCIAL SECURITY NO. 527 10 4699

14A. FATHER'S NAME

Domenico Aira

14B. BIRTHPLACE (STATE OR COUNTRY) Italy

15A. MOTHER'S MAIDEN NAME Josephine Peccolo

15B. BIRTHPLACE (STATE OR COUNTRY) Italy

16. INFORMANT'S SIGNATURE

Manuela Aira 530 8th St Douglas

17. DATE OF DEATH

(MONTH) (DAY) (YEAR)
Apr 26 1951

18. CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).

*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.

PLACE DISEASE CONTRACTED.

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (a)

MEDICAL CERTIFICATION

Cerebral meningitis

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

(b) Brain abscess ? on softening of brain.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH 5 days

?

PRECEDENT
PERSONAL
DATA

CAUSE
OF
DEATH
ITEM 18)

OPERATIONS,
AUTOPSY

DEATH
DUE TO
EXTERNAL
VIOLENCE

MEDICAL
CORONER'S
CERTIFICATION

FUNERAL
DIRECTOR
AND
REGISTRAR

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

none

21A. ACCIDENT SUICIDE HOMICIDE

(SPECIFY) none

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

none

21C. (CITY OR TOWN) (COUNTY) (STATE)

21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY

none M

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR

none

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 4/21/51, 19, TO 4/26/51, 19, THAT I LAST SAW THE DECEASED ALIVE ON 4/26/51, 19, AND THAT DEATH OCCURRED AT 6:45 P.M. THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE

Gray B. Atkinson M.D.

(DEGREE OR TITLE)

23B. ADDRESS

Douglas

23C. DATE SIGNED

4/28/51

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

24B. DATE

4-28-51

24C. NAME OF CEMETERY OR CREMATORY

Calvary

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)

Douglas

25A. DATE REC'D BY LOCAL REG.

May 1-51

25B. REGISTRAR'S SIGNATURE

Peel Edmonson

26. FUNERAL DIRECTOR'S SIGNATURE

Arthur Page Douglas

ADDRESS

27. EMERALMER'S SIGNATURE

Arthur Page

CERT. NO.

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